CITY OF SAN ANTONIO

Development Services Department
Code Enforcement Division
1400 S. Flores St.
SAN ANTONIO TEXAS 78204

Decal #: _____	Permit #: _____
Date Issued: _____	Date Issued: _____
Invoice #:_____	Date Paid:_____

Donation Container Permit Form

Business Information

Business Name:	Name of Non-Profit Organization: (Registered in Texas): (Attach Copy of 501c3 Form)
Business Mailing Address:	Written Business Owner's Authorization:____YES ____NO (Attach Copy of Written Authorization)
Physical Address: (If different from Business Address)	
City:	State:	Zip Code:

Donation Container Provider Information

Provider's Name (#1)	Provider's Name (#2)
Last Name:	Last Name:
First Name:	First Name:
Provider's Address (#1):	Provider's Address (#2):
City: State: Zip Code:	City: State: Zip Code:
Provider's Telephone No. (#1):	Provider's Telephone No. (#2):

Donation Container Location Information
(Attach Additional List if Needed & attach site plan with location of container marked)

Physical Address of Container(s):	# of Containers	Size of Containers (Cubic Yards)	How Long Will Container be at This Location?
1.			
2.			
3.			
4.			
5.			

Required Signatures

Printed Name of Provider:	Printed Name of Non-Profit CEO:
Signature of Provider:	Signature of Non-Profit CEO:

Payment Information

Registration Fee Amount Paid:	Date Paid:
# of Months Paid:	Pro-rated Fee Paid (If applicable):

Notary Information

I UNDERSTAND AND AGREE THAT ANY FALSE STATEMENT OR FAILURE FULLY TO COMPLY WITH ANY ASSERTION HEREIN SHALL IMMEDIATELY VOID THIS APPLICATION AND RESULT IN THE DENIAL AND REVOCATION OF ANY LICENSE GRANTED BASED UPON THIS APPLICATION.

STATE OF TEXAS
COUNTY OF BEXAR

BEFORE ME, the undersigned authority on this day personally appeared_____, and after me being duly sworn states under Oath that all the above and foregoing statement and each part thereof is true and correct.

ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, IN THE YEAR_____

_____
Notary Public, State of Texas

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Donation Container Permit Form

Additional Location Information

Physical Address of Container(s):	# of Containers	Size of Containers (Cubic Yards)	How Long Will Container be at This Location?
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			